

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5/5/00</u> | | 2 Serial/Patent # <u>09/056,153</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Cert of Correction/ <u>Terminal Disc.</u> | 10 | 12/21/99 | \$ 55 | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| 7 TOTAL AMOUNT OF REFUND | | | \$ 55 | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| | Overpayment | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>7</td><td>--</td><td>0</td><td>0</td><td>5</td><td>5</td></tr></table> | | | 1 | 7 | -- | 0 | 0 | 5 | 5 |
| 1 | 7 | -- | 0 | 0 | 5 | 5 | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| <u>Unnecessary fee</u> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: <u>C. Tartera</u> | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Christina Tartera</u> | | TITLE: <u>Petitions Attorney</u> | | | | | | | | | |
| SIGNATURE: <u>C. T. Tartera</u> | | PHONE: <u>306-5589</u> | | | | | | | | | |
| OFFICE: <u>4700</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>Liana S. Ellis</u> | | DATE: <u>7/18/00</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: